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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/672069-Conf. #4721					
FEE TR	:			Filing Date	11001	September 25			
		<b>-</b> -		First Named Inv	ventor	Tariq M. RAN	<u> </u>		
F0	r FY 200	5		Examiner Name		Kimberly Cho			
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 16		1635	635			
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00			Attomey Docket No. UMY-062						
METHOD OF PAYMENT (check all that apply)									
Check Credit Card Money Order None Other (please identify):									
x Deposit Account Deposit Account Number: 12-0080 Deposit Account Name: Lahive & Cockfield, LLP									
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)									
x Charge fee	e(s) indicated be	low		Charg	e fee(s) in	dicated below, e	xcept for th	e filing fee	
X Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17									
FEE CALCULATION									
1. BASIC FILING, SEAF	·		S			•			
	FILIN	G FEES	SEA	ARCH FEES	EXAMI	NATION FEES	;		
Application Type	Fee (\$)	Small Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Pa	aid (\$)	
Utility	300	150	500	250	200	100			
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM FEE	S							mall Entity	
Fee Description Each claim over 20 (inc	ludina Reissues	· ·					Fee (\$)	Fee (\$)	
Each independent claim							50 200	25 100	
Multiple dependent clair		.8					360	180	
Total Claims Ext	tra Claims F	ee (\$)	Fee P	aid (\$)	M	lultiple Depende			
-=	×				<u>F</u>	ee (\$)	Fee Paid (\$)		
1					_			_	
Indep. Claims Ext	t <u>ra Claims</u> <u>F</u> x	ee (\$)	Fee F	aid (\$)					
3. APPLICATION SIZE I									
If the specification and	drawings excee	d 100 sheets o	f paper	excluding electr	onically f	iled sequence or	computer		
listings under 37 Cl	R 1.52(e)), the	application siz	e fee du	e is \$250 (\$125 f	for small e	entity) for each a	dditional 50		
sheets or fraction th	1					nd Eco (\$)	Eoo P	aid /\$\	
- 100 =	Extra Sheets	/50	n each a	ditional 50 or frac (round up to a who			= <u>Fee F</u>	aid (\$)	
4. OTHER FEE(S)				(			Fees P	aid (\$)	
Non-English Specific	cation, \$130 fe	(no/small ent	ity disco	ount)				<u></u>	
Other (e.g., late filing	g surcharge) 12	53 Extension	or res	ponse within th	nird mont	h	1,02	0.00	
SUBMITTED BY	7/11/		$\overline{}$						
Signature	2100/	7	7	Registration No. (Attorney/Agent)	46,931	Telephone	(617) 227	-7400	
Name (Print/Type) Debra	J. Milasingic	1		,	· -	Date S	September	19, 2005	
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I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EL913977103US,									
in an envelope addressed to: MS Amendment, Commission of for Patents, P/O Box 450, Alexandria, VA 22313-1450, on the date shown below.									
			11	ソレレ	•			İ	
Dated: September 19, 20	005	Signature:	<u> </u>			(Debra J. Mila	asincic)		



PTO/SB/22 (12-04)
Approved for use through 7/31/2006. OMB 0651-0031
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PETITION FOR EXTENSION OF TIME UNDER 37	Docket Number (Optional)								
FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 200	UMY-062								
Application Number 10/672069-Conf. #4	Filed September 25, 2003								
For IN VIVO GENE SILENCING BY CHEMICALLY MODIFIED AND STABLE SIRNA									
Art Unit 1635	Examiner Kimberly Chong								
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.									
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):									
One month (37 CFR 1.17(a)(1))	<u>Fee</u> \$120	Small Entity Fee \$60	\$						
Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$						
X Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$ 1,020.00						
Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$						
Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$						
Applicant claims small entity status. See 37 CFI	₹ 1.27.								
A check in the amount of the fee is enclosed.									
Payment by credit card. Form PTO-2038 is attached.									
The Director has already been authorized to charge fees in this application to a Deposit Account.									
The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to									
Deposit Account Number 12-0080		osed a duplicate copy of the							
I am the applicant/inventor.									
assignee of record of the entire interest. See 37 CFR 3.71.									
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  x attorney or agent of record. Registration Number 46,931									
		40,931							
attorney or agent under 37 CFR 1.34.  Registration rumber if acting under 37 CFR 1.34									
September 19, 2005									
Signature	Date	, 2005							
Debra J. Milasincic		(617) 227-7	400						
Typed or printed name		Telephone N							
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.									
Total of 1 forms are submitted									
/ P	15	1							
I hereby certify that this correspondence is being described with the	a les Parisisad	co an Evango Mail Aistill Ma	EL 042077402110						
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Dated: September 19, 2005 Signature: (Debra J. Milasincic)									

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